TASC

Technical Assistance and Service Center

TASC 90 Highlights

Date: *January 22, 2003*
Topic: *Quality/Performance Improvement*
Facilitator: *Terry Hill, TASC*
Guests: *Rochelle Schultz Spinarski, Kip Smith, Larry Baronner, Jennifer Lundblad, Jill Zabel, Val Schott, and Kim Busch*

Opening Comments – Terry Hill & Forrest Calico

Topics mentioned at the beginning of the call included:

- There will be a Performance Measurement/Performance Improvement (PM/PI) workshop on April 1 & 2, 2003, in Denver (changed to Chicago). It will include both education about performance management and interactive learning experiences.
- Rochelle Schultz Spinarski, past MN FLEX coordinator, has been working on a Quality Improvement (QI) manual. It consists of a QI briefing and has attachments that provide background info on QI/Performance Improvement (PI) along with current models and examples being used in various states. Included are examples highlighting specific requirements that can be modified for individual Flex projects. Rochelle also mentioned the importance of utilizing rural health research centers and the Quality Review Organization's resources and information relating to QI/PI. This manual will be accessible in about one month electronically from TASC.
- A survey of Quality Improvement Organizations (QIOs) is being conducted by the University of Minnesota. The results will be published in a few months.

There is an increasing awareness concerning QI and various national initiatives are underway. Rural health has the opportunity to be a leader by setting standards in the QI field. We need to learn from state Flex programs who are already taking the initiative to improve quality in their state's facilities.

State PI/QI Program Updates:

Kip Smith/Cathy Pfaff – Montana
Cathy Pfaff is a contracted consultant from Cypress Health System who works with the Montana CAH Quality Improvement Network. They are focusing on five key conditions of participation: (1) Quality assurance, (2) joint peer review, (3) annual program review, (4) medical staff credentialing, and (5) clinical policies and procedures. Membership is voluntary, but all CAHs have joined.

Kip and Cathy emphasized the importance of collaborating with a QIO from the beginning. Lessons learned during the past two years are: it is essential to involve more than just the CEOs in the network direction; allow each facility the flexibility to choose their level of participation; assigning responsibility for QI within the facility empowers individuals to take action; investment in technology is needed; and, additional training on gathering and analyzing data needs to be provided.

Jill Zabel/Jennifer Lundblad – Minnesota

Jennifer Lundblad from Stratus Health, Minnesota's QIO, described a quality improvement initiative in Minnesota funded by the state Flex program. Minnesota adapted the Institute for Healthcare Improvement breakthrough series, which is a collaborative model that brings together health care providers in sessions

with support, measurement, and activities between the sessions to drive improvement. Stratis Health provided content and support in this collaborative and then provided a $5,000 grant to each participating hospital. Minnesota is going to try a second collaborative with all 37 CAHs and invite the trial 10 to join as mentors. Jill Zabel, Minnesota's Flex coordinator, discussed how networking was an integral role in their success, and how it helped hospitals to realize there were others experiencing similar struggles.

Larry Barroner – Pennsylvania

Pennsylvania has a contract with Stroudwater Associates to help them develop QI/PI training and benchmarking. This approach uses the Balanced Scorecard Methodology with four main focus areas: (1) Quality and Safety (2) Business Development (3) Staff and Clinicians (4) Patients and Communities. They have selected measures in each area as benchmarks and will begin a beta testing of their data collection on April 1, 2003. They would like see a national effort to create common performance improvement indicators for state-to-state comparisons.

Kim Busch – Alaska

In Alaska's experience, it was important to begin by forming a strong collaborative relationship between the State Office of Rural Health Policy (Flex Program) and the hospital and nursing home association. The second step was to bring the hospitals together with experts in network development and hospital performance improvement. Once the hospitals decided to form a hospital performance improvement network we offered to provide matching funds for each hospital's contribution (e.g. SHIP grant funds) to the network and to provide office space for their new network director for the first year of operation. Most importantly, throughout this evolution, the hospitals, the association, and the state office have formed a strong partnership that will continue to support the network and the performance improvement process.

Terry Hill – Delta States

The Mississippi Delta Rural Hospital Improvement Program is a performance improvement initiative for 120 hospitals in an eight state region, including Illinois, Missouri, Mississippi, Alabama, Louisiana, Tennessee, Kentucky, and Arkansas. The Balanced Scorecard technology is being used as a performance measurement tool to provide a bridge between hospital strategy and performance.

A number of states have expressed interest in quality and performance improvement, and have discussed strategies for working together and building common databases for benchmarking.

- Next conference call: Wed., April 9, 2003, 2:00pm – 3:30pm CST, 12:00 PCT, 1:00 MT, 3:00 EST
- For further information, please contact TASC at 218-720-0700 or tasc@ruralresource.com